

Instructions for the Behavioral Risk Assessment Tool (BRAT)

Introduction

The attached Behavioral Risk Assessment Tool (BRAT) was developed by the Wisconsin HIV Prevention Evaluation Work Group with additional input from evaluation experts from the Center for AIDS Intervention Research (CAIR) and the Centers for Disease Control and Prevention (CDC). The BRAT was most recently revised 12/00.

The BRAT is a two-page form that collects information regarding HIV prevention clients':

- Demographic characteristics (race/ethnicity, age, gender);
- Sexual practices (including condom use and number and gender of partners);
- Injection and other drug use (including needle-sharing practices);
- HIV-related risk factors (e.g. trading sex for drugs, sex under the influence of alcohol or drugs, homelessness, incarceration); and
- HIV antibody testing history.

Purpose

The BRAT serves two primary purposes:

1. **To improve agencies' capacity to assess sexual and needle sharing behaviors of their clients.** This information can be used both to help staff counsel clients about their individual risks and to assess changes in clients' behaviors during and after their participation in HIV prevention activities.
2. **To assist agencies in more effectively targeting HIV prevention services to persons at highest risk for HIV infection.** This goal seeks to expand agencies' general knowledge of their target populations. It also seeks to maximize limited HIV prevention resources by helping agencies prioritize those clients most in need of services.

Use of the BRAT by Intervention Type

Agencies are strongly encouraged to use the BRAT as described below for the following interventions.

- ♦ For **Prevention Case Management (PCM)**, the BRAT should be used at or near intake, after 2 months, 6 months, and if possible, at 3-month intervals after that, as well as at discharge and 3 months post discharge.
- ♦ For **Individual-level** interventions, the BRAT should be used at or near intake and at discharge, and if possible, 3 months after discharge.
- ♦ For **Group-level** interventions, the BRAT should be used at or near intake and at the end of the group, and if possible, 3 months after discharge.
- ♦ For **Outreach**, the BRAT should be used periodically. In this case, it is expected that the BRAT would be administered on a one-time basis, so no client code is needed.
- ♦ For **Counseling and Testing, HC/PI, Capacity-building** interventions, the BRAT can be used at the discretion of the agency.
- ♦ A client code must be used to track multiple assessments of the same client as is the case for Individual-level, Group-level and PCM interventions.

Agencies with Individual, Group, PCM, and Outreach are expected to use the BRAT in 2001 and to submit the data quarterly using the database in MS Access.

Methods of Administering the Form

There are four methods by which the tool can be administered:

1. An HIV Prevention Specialist can interview a client on a one-on-one basis. The Specialist asks the questions and records the client's responses ("Completed by Staff" in the shaded box at the bottom of the page).

2. An HIV Prevention Specialist can hand out the tool in a small group and walk through it verbally. Clients write the responses by themselves but can ask questions. ("Completed by Client – with instruction in a group").
3. The same procedure can be done with a client individually. ("Completed by Client – with individual instruction").
4. An HIV Prevention Specialist can hand the form to a client and ask him or her to complete it on their own. ("Completed by Client").

The first method is the preferred one because it avoids confusion and reading difficulties that may prevent the client from completing the form correctly. However, we recognize that the other methods may be more practical at times. In any case, be sure to complete the right-hand column of the shaded box on page 2, so it is clear how the form was completed.

Instructions on the form

Please complete all items. If the answer to an item is "no", please check "no" rather than leaving the item blank.

If a client is incarcerated, instruct him or her to complete the form for the period immediately prior to incarceration rather than for the current period.

BRAT database in Microsoft Access

An electronic database in Microsoft Access enables grantees to enter the data and generate their own reports. Data will also be shipped to the AIDS/HIV Program on a quarterly basis, so we can provide summary reports to the Wisconsin HIV Prevention Community Planning Council and CDC. For technical reasons, this database cannot be web-based. Training will be provided in late January 2001 and instructions are provided on the database.

Contact

If you have questions, please contact:

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WISCONSIN HIV BEHAVIORAL RISK ASSESSMENT TOOL

Please answer each question below by placing an X in the appropriate space. Do not write your name on this form.
If you are incarcerated (jail, prison, secured detention, etc.), complete the form for the time prior to being incarcerated.

Race/ethnicity		Gender	<input type="checkbox"/> Male
Mark your primary race/ethnicity first. If you identify with more than one, mark a secondary choice.			<input type="checkbox"/> Female
			<input type="checkbox"/> Transgender
	Primary	Secondary	
African American/Black	<input type="checkbox"/>	<input type="checkbox"/>	
American Indian	<input type="checkbox"/>	<input type="checkbox"/>	
Asian/Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	
Hispanic/Latino/Latina	<input type="checkbox"/>	<input type="checkbox"/>	
White	<input type="checkbox"/>	<input type="checkbox"/>	
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	
		Date of birth	____/____/____ month/ date / year

In the last 3 months, have you...	No	Yes	Not Sure	Have you...	No	Yes	Not Sure
Been homeless?	<input type="checkbox"/>	<input type="checkbox"/>		Ever injected drugs	<input type="checkbox"/>	<input type="checkbox"/>	
Been in alcohol or drug treatment?	<input type="checkbox"/>	<input type="checkbox"/>		Ever been in alcohol or drug treatment?	<input type="checkbox"/>	<input type="checkbox"/>	
Had sex while high on drugs or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>		Ever had sex against your will?	<input type="checkbox"/>	<input type="checkbox"/>	
Had sex to get money, drugs, shelter, etc?	<input type="checkbox"/>	<input type="checkbox"/>		Ever had sex with other men (men only)	<input type="checkbox"/>	<input type="checkbox"/>	
Paid for sex with money or drugs?	<input type="checkbox"/>	<input type="checkbox"/>					
Had sex with a person who injects drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant now? (women only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had sex with a man who has sex with men?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Been diagnosed with Hepatitis C?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Been diagnosed with a sexually transmitted disease (e.g. Syphilis, Chlamydia, Gonorrhea, Hepatitis B)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been in the correctional system? (Probation, parole, secured detention, juvenile corrections etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the past 3 months, have you had vaginal, oral, or anal sex? No ☐ Yes ☐

If yes, with a...	No	Yes	
Man?	<input type="checkbox"/>	<input type="checkbox"/>How many men? _____
Woman?	<input type="checkbox"/>	<input type="checkbox"/>How many women? _____
Transgender?	<input type="checkbox"/>	<input type="checkbox"/>How many transgender? _____

In the last 3 months, which types of sex have you had?	If yes, about how often did you or your partner use condoms or barriers for each type of sex?						
	No	Yes	Always (4 out of 4 times)	Usually (3 out of 4)	Sometimes (2 out of 4)	Occasionally (1 out of 4)	Never (0 out of 4)
Had vaginal sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performed anal sex? (top)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received anal sex? (bottom)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performed oral sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received oral sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the past 3 months, have you had <u>unprotected</u> anal or vaginal sex with someone ...			
	No	Yes	If yes, how many partners?
Who was HIV positive (has HIV)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Who was HIV negative?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Whose HIV status you didn't know?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Do you have a spouse or main partner? No ☐ Yes ☐
If yes, for how long? _____ years, _____ months
Is your partner: HIV positive (has HIV) ☐ HIV negative ☐ I don't know ☐

OVER – MORE ON BACK

In the past 30 days, have you used any of the following <u>non-injected</u> drugs?				No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, have you used the following drugs?	No	Yes		If yes, how many times in the past 30 days?
Crack	<input type="checkbox"/>	<input type="checkbox"/>		_____
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>		_____
Heroin	<input type="checkbox"/>	<input type="checkbox"/>		_____
Amphetamines (speed, crystal)	<input type="checkbox"/>	<input type="checkbox"/>		_____
Amyl Nitrate (poppers)	<input type="checkbox"/>	<input type="checkbox"/>		_____
Party drugs (Ecstasy, Special K, GHB)	<input type="checkbox"/>	<input type="checkbox"/>		_____
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>		_____
5 or more alcoholic drinks (in one sitting)	<input type="checkbox"/>	<input type="checkbox"/>		_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>		_____

In the past 30 days, have you <u>injected</u> any drugs or medications ?	No <input type="checkbox"/> Yes <input type="checkbox"/>
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If you have <u>injected</u> drugs or medications in the past 30 days, complete this box.				
In the past 30 days, have you injected any of the following drugs/medications ?				
	No	Yes		If yes, how many times in the past 30 days?
Heroin	<input type="checkbox"/>	<input type="checkbox"/>		_____
Cocaine/Crack	<input type="checkbox"/>	<input type="checkbox"/>		_____
Amphetamines (speed, crystal)	<input type="checkbox"/>	<input type="checkbox"/>		_____
Steroids	<input type="checkbox"/>	<input type="checkbox"/>		_____
Insulin	<input type="checkbox"/>	<input type="checkbox"/>		_____
Hormones	<input type="checkbox"/>	<input type="checkbox"/>		_____
Prescription drugs (codeine, morphine)	<input type="checkbox"/>	<input type="checkbox"/>		_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>		_____

If you have injected drugs in the past 30 days, what kind of needles did you use?	No	Yes	
New	<input type="checkbox"/>	<input type="checkbox"/>	
Bleached	<input type="checkbox"/>	<input type="checkbox"/>	
Shared (someone used before me)	<input type="checkbox"/>	<input type="checkbox"/>	
Shared (someone used after me)	<input type="checkbox"/>	<input type="checkbox"/>	
Reused my own	<input type="checkbox"/>	<input type="checkbox"/>	
Origin unknown	<input type="checkbox"/>	<input type="checkbox"/>	

In the past 30 days, have you shared needles with someone ...			
	No	Yes	
Who was HIV positive (has HIV)	<input type="checkbox"/>	<input type="checkbox"/>	
Who was HIV negative	<input type="checkbox"/>	<input type="checkbox"/>	
Whose HIV status you didn't know	<input type="checkbox"/>	<input type="checkbox"/>	

Have you ever had a test for HIV/AIDS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
What was the result of the HIV test?	<input type="checkbox"/> Positive (you have HIV)	<input type="checkbox"/> Negative	<input type="checkbox"/> Not sure
If you are HIV-positive, how long have you known about your HIV status?	_____ years	_____ months	
If you are HIV-positive, are you receiving medical care for your HIV infection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure

How many people live in your household, including you? _____	How many years of education have you completed? _____
What is your primary source of household income?	What is your annual household income?
You (includes Public Assistance) <input type="checkbox"/>	Less than \$15,000 <input type="checkbox"/>
Your partner or spouse <input type="checkbox"/>	\$15,000 to \$24,999 <input type="checkbox"/>
Other family or friends <input type="checkbox"/>	\$25,000 to \$34,999 <input type="checkbox"/>
Other: specify _____ <input type="checkbox"/>	\$35,000 to \$44,999 <input type="checkbox"/>
	\$45,000 or more <input type="checkbox"/>

For agency use only Date _____ Staff initial _____ Client code _____ Agency name and region _____ intervention plan code _____ Check if PHIPP <input type="checkbox"/> Site location _____ Country where conducted _____	Completed by: <input type="checkbox"/> Staff <input type="checkbox"/> Client <input type="checkbox"/> Without instruction <input type="checkbox"/> With instruction in a group <input type="checkbox"/> With individual instruction
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